## PART B - FEE(S) TRANSMITTAL

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	applete and schoothis form, together with applicable fee(s), to: M					Mail Stop ISSUE Commissioner fo		,	
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_		CE ADDRESS (Note: Use Block 1 for	any change of address)						
30223 7590 10/13/2005						Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
	JENKENS & GI	LCHRIST, P.C.		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
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Γ	APPLICATION NO.	PPLICATION NO. FILING DATE FIRST N			ED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/081,422 02/22/2002				David M. Prestipino 47168-00216 1031					
TIT	LE OF INVENTION: D	ENTAL IMPLANT ANALO	OG HAVING RET	ENTION GR	OOVE I	OR SOFT TISSUE M	ODELING		
Г	APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	NO	\$1400			\$300	\$1700	01/13/2006	
Г	EXAMINER		ART UNIT		CI	ASS-SUBCLASS	]		
LEWIS, RALPH A			3732 433-213000						
1. 0	Change of correspondence	e address or indication of "F	ee Address" (37	2. For prin	ting on	the patent front page, li	st		
CFR 1.363).			Camanandana	(1) the names of up to 3 registered patent attorneys 1 Jenkens & Gilchris					
Change of correspondence address (or Change of Correspondences form PTO/SB/122) attached.			Correspondence	or agents OR, alternatively,  (2) the name of a single firm (having as a member a 2					
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome				registered attorney or agent) and the names of up to					
	Number is required.	or more recent) attached. Os	e of a Customer	listed, no name will be printed.					
3	ASSIGNEE NAME ANI	O RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT	(print o	or type)			
	PLEASE NOTE: Unles	s an assignee is identified be	elow, no assignee	data will app	ear on t	he patent. If an assign	nee is identified below, the	document has been filed for	
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
(-)									
	Implant Inno	vations, Inc.		Palm B	each	, Florida			
Ple	ase check the appropriat	e assignee category or catego	ries (will not be pr	inted on the p	atent) :	☐ Individual ☐ C	orporation or other private gr	roup entity 🔲 Government	
	The following fee(s) are	enclosed:	4b	. Payment of					
	Issue Fee			A check in the amount of the fee(s) is enclosed.					
Publication Fee (No small entity discount permitted)				Payment by credit card. Form PTO-2038 is attachied.					
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5. (	Change in Entity Status	s (from status indicated above				- · · · · · · · · · · · · · · · · · · ·			
		SMALL ENTITY status. See					LL ENTITY status. See 37 C		
Th NC int	e Director of the USPTC TE: The Issue Fee and I erest as shown by the rec	is requested to apply the Iss Publication Fee (if required) vords of the United States Pat	ue Fee and Publica will not be accepted ent and Trademark	tion Fee (if and from anyone of fice.	y) or to e other t	re-apply any previous han the applicant; a reg	ly paid issue fee to the applic istered attorney or agent; or t	ation identified above. the assignee or other party in	
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	Authorized Signature	1/00		n		Date Jai	nuary 12, 2006		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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39,618

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Mail Stop Issue Fee COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313 I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop Issue Fee, COMMISSIONER FOR PATENTS, P.O. Box 1450, Alexandria, Virginia 22313, on March 25, 2005.

Christine Pisarski

RE:

U.S. Patent Application No. 10/081,422

Filed: February 22, 2002

Title: Dental Implant Analog Having Retention Groove For Soft Tissue Modeling

Our File No.: 47168-00216USPT

## Dear Sir:

Transmitted for filing with the U.S. Patent and Trademark Office are the following documents for the above-referenced patent application:

- 1. Part B Issue Fee Transmittal
- 2. Check in the amount of \$1700.00 for Issue and Publication Fees
- 3. Acknowledgment Postcard

In the event there is an under or overpayment, please debit or credit our Deposit Account #10-0447 (47168-00216USPT). This letter is being filed in duplicate to facilitate processing.

Respectfully submitted,

Daniel J. Burnham Reg. No. 39,618

DJB/cp Enclosure